

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		4/27/89
O.I.P.E. CLASSIFIER		16	42999
FORMALITY REVIEW	B.H.	100245	5-10-99

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	7/4
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3	02/09
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here